

Rates Effective 1/1/2010¹

(Contract Code DL97 - Anthem Blue Cross HIPAA PPO Share \$1,500 Deductible²)

	Age Range	Pricing Area					
		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Single	<15	\$295	\$268	\$277	\$251	\$256	\$250
	15-29	\$423	\$369	\$381	\$348	\$354	\$346
	30-34	\$523	\$450	\$466	\$424	\$431	\$421
	35-39	\$568	\$487	\$504	\$459	\$467	\$456
	40-44	\$639	\$547	\$566	\$516	\$525	\$513
	45-49	\$677	\$586	\$606	\$553	\$562	\$549
	50-54	\$805	\$690	\$715	\$651	\$662	\$647
	55-59	\$933	\$797	\$824	\$752	\$764	\$747
	60-54	\$910	\$793	\$816	\$752	\$764	\$747
Subscriber & Spouse	<15	\$520	\$501	\$501	\$462	\$461	\$451
	15-29	\$857	\$759	\$753	\$715	\$728	\$699
	30-34	\$964	\$859	\$851	\$820	\$821	\$788
	35-39	\$1,034	\$930	\$921	\$886	\$895	\$860
	40-44	\$1,129	\$1,019	\$1,011	\$968	\$962	\$937
	45-49	\$1,212	\$1,084	\$1,078	\$1,041	\$1,036	\$993
	50-54	\$1,445	\$1,294	\$1,283	\$1,246	\$1,224	\$1,178
	55-59	\$1,694	\$1,491	\$1,476	\$1,435	\$1,407	\$1,341
	60-54	\$1,694	\$1,491	\$1,476	\$1,435	\$1,407	\$1,341
Subscriber & Child	<15	\$520	\$501	\$501	\$462	\$461	\$451
	15-29	\$857	\$759	\$753	\$715	\$728	\$699
	30-34	\$964	\$859	\$851	\$820	\$821	\$788
	35-39	\$1,034	\$930	\$921	\$886	\$895	\$860
	40-44	\$1,129	\$1,019	\$1,011	\$968	\$962	\$937
	45-49	\$1,212	\$1,084	\$1,078	\$1,041	\$1,036	\$993
	50-54	\$1,445	\$1,294	\$1,283	\$1,246	\$1,224	\$1,178
	55-59	\$1,694	\$1,491	\$1,476	\$1,435	\$1,407	\$1,341
	60-54	\$1,694	\$1,491	\$1,476	\$1,435	\$1,407	\$1,341
Family	<15	\$759	\$774	\$780	\$744	\$756	\$716
	15-29	\$1,237	\$1,144	\$1,164	\$1,120	\$1,142	\$1,112
	30-34	\$1,420	\$1,341	\$1,342	\$1,261	\$1,267	\$1,231
	35-39	\$1,485	\$1,376	\$1,392	\$1,295	\$1,309	\$1,266
	40-44	\$1,522	\$1,407	\$1,457	\$1,325	\$1,354	\$1,324
	45-49	\$1,653	\$1,483	\$1,526	\$1,397	\$1,425	\$1,392
	50-54	\$1,865	\$1,661	\$1,707	\$1,565	\$1,596	\$1,538
	55-59	\$2,056	\$1,773	\$1,834	\$1,672	\$1,701	\$1,653
	60-54	\$2,038	\$1,773	\$1,834	\$1,672	\$1,701	\$1,653
Subscriber & Children	<15	\$759	\$774	\$780	\$744	\$756	\$716
	15-29	\$1,237	\$1,144	\$1,164	\$1,120	\$1,142	\$1,112
	30-34	\$1,420	\$1,341	\$1,342	\$1,261	\$1,267	\$1,231
	35-39	\$1,485	\$1,376	\$1,392	\$1,295	\$1,309	\$1,266
	40-44	\$1,522	\$1,407	\$1,457	\$1,325	\$1,354	\$1,324
	45-49	\$1,653	\$1,483	\$1,526	\$1,397	\$1,425	\$1,392
	50-54	\$1,865	\$1,661	\$1,707	\$1,565	\$1,596	\$1,538
	55-59	\$2,056	\$1,773	\$1,834	\$1,672	\$1,701	\$1,653
	60-54	\$2,038	\$1,773	\$1,834	\$1,672	\$1,701	\$1,653

¹The product associated with these rates is available to current enrollees only. Please contact Blue Cross for further information. ² Your HIPAA or Conversion PPO premiums may be a little less or a little more than the rates listed in the "MRMIP Weighted Average" chart available on this Plan's DMHC HIPAA and Conversion website posting. Legislation is proposed to clarify the formula used to calculate these premiums in an attempt to make them more exact. However, affected DMHC health care service plans have committed to substantially complying with the pending legislation (See Assembly Bill 718).